

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

NEVADA ASSOCIATION of Independent Businesses - PAC

Name (print)

Office (if applicable)

District (if applicable)

3131 Meade Ave Las Vegas 89101

702-565-8842

Mailing Address (include city and zip code)

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING☐ Annual Filing - Due January 15, 2004
Period: January 1, 2003 - December 31, 2003☐ Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term

Period: Jan. 5, 2001 - Aug 26, 2004

Incumbents in an Office with a 6-year term

Period: Dec. 20, 1998 - Aug 26, 2004

All others

Period: Jan. 1, 2004 - Aug. 26, 2004

Ballot Advocacy Groups (BAGs) only:

Period: Dec. 5, 2002 - Aug 26, 2004

☐ Report #2 Due - October 26, 2004

Period: Aug. 27, 2004 - Oct. 21, 2004

☒ Report #3 Due - January 15, 2005*

Period: Oct. 22, 2004 - Dec. 31, 2004

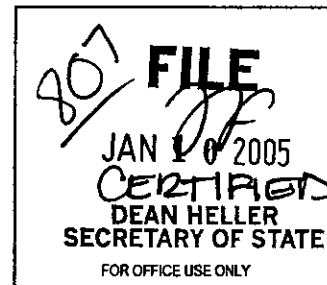
BAGs only:

Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005

Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
250	650

2. Total Monetary Contributions Received of \$100 or Less

	655
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3. Total Amount of Monetary Contributions Received

(Add Lines 1 and 2)

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

250	1305
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4. Total Value of In Kind Contributions Received in Excess of \$100

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

300	300
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6. Total Monetary Expenses Paid of \$100 or Less

700	700
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7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)

	1000
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8. Total Value of In Kind Expenses in Excess of \$100

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

1-7-05

Date

CAMPAIGN CONTRIBUTIONS

Report Period

#

3

Nevada Association of Independent Businesses - PAC

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
DISCOUNT SMOG 4080 E Desert Inn Rd Las Vegas NV 89121	11/10/04	250 ⁰⁰	

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CAMPAIGN EXPENSES

Report Period # 3

Neural Association of Independent Business
 Name (print) Office (if applicable) District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Report Period #3

Name (print)

Office (if applicable)

District (if applicable)

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

[illegible]

needed.

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